



**TOWN OF MILLVILLE**  
36404 Club House Road, Millville, DE 19967  
TEL (302) 539-0449 FAX (302) 539-0879  
[www.millville.delaware.gov](http://www.millville.delaware.gov)

## BUSINESS LICENSE APPLICATION

### INSTRUCTIONS:

1. Complete all information, sign and submit this application along with required documentation and check payable to the TOWN OF MILLVILLE for the amount applicable (see #5 below) to the address above.
2. Please review Chapter 90-Licenses and Chapter 10-Clean Hands Policy on our website for complete information.
3. Submit a copy of your valid Delaware State Business License.
4. All CONTRACTORS are required to submit proof of liability insurance, issued in the name of the business.
5. FEE SCHEDULE: Annual Business License \$100  
☞ Annual License if purchased after Nov. 1<sup>st</sup> \$ 50  
Temporary License (up to 30 consecutive days) \$ 25  
Late Fee if application is received after June 1<sup>st</sup> \$ 50
6. Business licenses run concurrent with the Town's fiscal year - May 1<sup>st</sup> thru April 30<sup>th</sup>. Renewal applications are automatically mailed out May 1<sup>st</sup> to the mailing address provided by the applicant and are by due June 1<sup>st</sup>
7. Working without obtaining the required business license is a violation of the Town Code and subject to penalties.
8. **ALL INFORMATION BELOW MUST BE COMPLETED OR APPLICATION WILL NOT BE PROCESSED.**

BUSINESS NAME			
DBA (IF APPLICABLE)			
NATURE OF BUSINESS		# OF EMPLOYEES	
IF PARTNERSHIP OR CORPORATION: NAMES, ADDRESSES & PHONES OF INDIVIDUALS OR PRINCIPAL OFFICERS			
MAILING ADDRESS			
PHYSICAL LOCATION OF BUSINESS			
CONTACT PERSON		TITLE	
BUSINESS PHONE		FAX	
CELL PHONE		EMAIL	

**I swear or affirm under penalty of perjury that the information on this application is true and correct and that a false answer can subject the application to denial or a license to be revoked.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TOWN OFFICIAL USE ONLY

I - \_\_\_\_\_ L - \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Check# : \_\_\_\_\_ Date: \_\_\_\_\_

Town Official Approval: \_\_\_\_\_ Date: \_\_\_\_\_